## THE COMMONWEALTH OF MASSACHUSETTS JOINT LABOR-MANAGEMENT COMMITTEE PETITION FOR EXERCISE OF JURISDICTION

**INSTRUCTIONS:** Submit the original of this Petition to the Joint Labor-Management Committee. One Ashburton Place, Room 610, (McCormack Building) Boston, MA 02108. Petition must be filled out completely in order to be processed.

## PLEASE PRINT OR TYPE

Name and Address of Labor Organization	
Afficiency (for a N. T. National ex Otata Labor Occasion)	
Affiliation (if any) To National or State Labor Organization	
Name and Address of President of Local Labor Organization	Phone # Home Phone #
Name and Address of Collective Bargaining Agent	Work Phone # Home Phone # Work
Name and Address of Municipality Co	ounty
Name and Address of Chief Executive Officer	Phone # Home Phone # Work
Name and Address of Collective Bargaining Agent	Phone # Home Phone # Work
Information on Dispute	
Date of Expiration of Current or Most Recent Collective Bargaining Agreement	
Number of Bargaining Sessions Held to Date and Date of Last Session  Statement of Issues in Dispute (Use another page if necessary)	
Description of Any Prohibited Practice Charges Pending Between the Parties	
Other Information	
Size and composition of Units (Total # of Employees Covered by the Contract)	
Name and Titles of Members of Bargaining Committees  Union Management	
Manner of Settlement in Last Two Contract Negotiations (Mediation, Fact Finding, etc.)	
Petition Submitted By: Labor Organization [ ] Municipality [	[] Jointly []
Signature and Title of Principal of Petitioning Party	Date
Signature and Title of Principal Representative of Other Party if Joint Petiti	ion Date
If Petition is brought individually, I hereby state That I have caused a copy of this Petition to be Served on the Principal Representative of the other Party	gnature of Principal Representative of Petitioning Party